OMB APPROVAL FORM D UNITED STATES SECURITIES AND EXCHANGE COMMISSION 223 OMB Number: 3235-0076 March 15, 2009 Washington, D.C. 20549 Mail Processing Expires: Estimated average burden Section Hours per response: 16.00 Section MAR 1 1 2009 SEC USE ONLY TEMPORARY FORM D MAR? . . inc Prefix Serial NOTICE OF SALE OF SECURITIES VESTINGION, DC PURSUANT TO REGULATION D, DATE RECEIVED الله التالية ا SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Wexford Spectrum Fund, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: ☐ New Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer THOMSON REUTERS Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Wexford Spectrum Fund, L.P. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (203) 862-7000 c/o Wexford Capital LLC, 411 West Putnam Avenue, Greenwich, CT 06830 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Brief Description of Business** To operate as a private investment limited partnership. Type of Business Organization other (please specify): corporation limited partnership, already formed limited partnership, to be formed business trust Month Yеаг □ Actual ☐ Estimated 96 Actual or Estimated Date of Incorporation or Organization: _12_ Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



•	-	•					
				A. BASIC IDEN	TIFICATION DATA		
2.	En	ter the information	on requested for th	ne following:			
	o	Each promoter	r of the issuer, if th	ne issuer has been organized	within the past five years;		
	o	Each benefician of the issuer;	al owner having th	e power to vote or dispose, o	or direct the vote or dispositio	n of, 10% or more o	f a class of equity securities
	o	Each executive	e officer and direc	tor of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers; and
	o	Each general a	and managing part	ner of partnership issuers.			
Check	Box(e	es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General Partner of the Limited Partnership
	-	Last name first, it pectrum Adviso					
		Residence Addre		er and Street, City, State, Zip			
				m Avenue, Suite 125, Gre		Director	Member of the General
Checi	c Box(e	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	Partner of the Limited Partnership
Full N	Jame (I	Last name first, it	f individual)				
		Charles E.					<u> </u>
		Residence Addre	•	er and Street, City, State, Zip			
		es) that Apply:	Promoter	m Avenue, Suite 125, Gre Beneficial Owner	Executive Officer	Director	Member of the General Partner of the Limited Partnership
	lame (L , Robe	Last name first, it ert H.	findividual)				
		Residence Addre d Capital LLC.		er and Street, City, State, Zip m Avenue, Suite 125, Gre			
		es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Member of the General Partner of the Limited Partnership
Jacob	s, Jose	Last name first, if					
		Residence Addre d Capital LLC,	•	er and Street, City, State, Zip m Avenue, Suite 125, Gre	•		
			(Use blan	k sheet, or copy and use add	itional copies of this sheet, as	necessary.)	

					B.	INFORMA	TION ABO	OUT OFFE	RING		•		
1.				he issuer in dix, Colum				vestors in t	his offering	;?	Yes		
2.	What is	s the minin	num investr	nent that w	ill be accer	ted from a	ny individu		•••••		<u>\$1</u>	* 000,000	
	*5	Subject to t	he discretion	on of the Go	eneral Parti	ner to accep	t lesser am	ounts.			Ye	a Na	
3.	Does th	ne offering	nermit inin	it ownershi	n of a singl	e unit					_		
4.	Enter t	he informa	tion reques	ted for each	person wl	no has been	or will be	paid or giv	en, directly	or indirect	ly, any cor	nmission or	
													sociated person or
												If more th er or dealer	
	Applic		d are assuc	iateu perso	ns or such	a blokel bi	dealer, you	a may set it	au me mi	Jilliation io	i tilat blok	ci oi ucaici	omy. Mot
Full Na			t, if individ	ual)									
	·			•									
Busine	ss or Res	idence Ad	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name o	of Associ	ated Broke	r or Dealer			····							
States i	n which	Person Lis	ted Has So	licited or Ir	itends to So	olicit Purch	asers						
				dividual St								☐ Al	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ıme (Lası	l name first	t, if individ	ual)									
Busine	ss or Res	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name o	of Associ	ated Broke	r or Dealer										
States i	n which	Person Lis	ted Has So	licited or In	tends to So	olicit Purch	asers				 		
(Check "A	All States"	or check in	dividual St	ates)							☐ Al	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ıme (Lası	name first	, if individ	ual)									·
Busines	ss or Res	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)						
Name o	f Associ	ated Broke	r or Dealer	· · ·		····							
				icited or In		olicit Purch	asers					سا 	Chund
(1	Uneck "A	vii States" (or cneck in	dividual Sta	ates)							☐ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL)	[IN]	(IA)	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	(MT) (RI)	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[YY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts the securities offered for exchange and already exchanged.							
Type of Security	Aggregate Offering Price	Amount Already Sold					

 Partnership Interests...
 \$2,000,000,000
 \$846,671,464

 Other (Specify
)...
 \$ 0
 \$ 0

Total \$2,000,000,000 \$846,671,464

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	215	\$846,671,464
Non-accredited Investors	0	\$ 0
Total (for filing under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE.

If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by

type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		<u>\$</u>
Regulation A		\$
Rule 504		\$
Total		\$

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

the amount of an expenditure is not the wif, families an estimate and estimate the sort to the section and estimate and estimate the section and estimate and est		
Transfer Agent's Fees	[x]	\$
Printing and Engraving Costs	[x]	<u>\$*</u>
Legal Fees	[x]	\$*
Accounting Fees	[x]	\$*
Engineering Fees.	[x]	\$
Sales Commissions (specify finders' fees separately)	[x]	<u>\$</u>
Other Expenses (identify)	[x]	\$*
Total	[x]	\$87,000*

^{*}All offering and organizational expenses are estimated not to exceed \$87,000*.

0

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	C. OFFERING PRICE, NUMBER OF INVE)10x5, _		1	JESTIND COLL C.			LD3			
	b. Enter the difference between the aggregate offering price given in responses furnished in response to Part C - Question 4.a. This difference issuer."	ce is the "	"adj	ljusted	d gross proceeds to	o the		\$1,999,913,000			
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.										
					Payments to Officers, Directors, & Affiliates			Payments to Others			
	Salaries and fees		[]	\$	[)	\$			
	Purchase of real estate		[)	\$	[]	\$			
	Purchase, rental or leasing and installation of machinery and equipmen	ıt	[]	\$	[]				
	Construction or leasing of plant buildings and facilities		[]	\$	[]	\$			
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		[]	\$	Į]	\$			
	Repayment of indebtedness		[)	\$	[}	\$			
	Working capital		[]	\$	[]	\$			
	Other (specify): Investment in Wexford Spectrum Investors LLC and	1	[]	\$	[,	X]	\$1,999,913,000			
	Wexford Spectrum Trading Limited	_									
	Column Totals		[]	\$	(x j	\$1,999,913,000			
	Total Payments Listed (column totals added)	*****			[X] <u>\$</u>	\$1,999	<u>),913</u>	3,000			
_	D. FEDERA	T SIGN/	<u> </u>	וואבן			_				
	· · · · · · · · · · · · · · · · · · ·							Data 505 she following			
sigr	e issuer has duly caused this notice to be signed by the undersigned duly nature constitutes an undertaking by the issuer to furnish to the U.S. Section furnished by the issuer to any non-accredited investor pursuant	urities and	d É	Exchar	inge Commission, u						
Issı	uer (Print or Type) Signa	turk	$\frac{\chi}{}$	$\overline{\gamma}$			I	Date			
	exford Spectrum Fund, L.P.	100	<u> </u>	<u>'</u>	·			3/5/09			
Naı	me (Print or Type) Title	(Print or	T	ype)			_				
Αrt	thur H. Amron Vice	Preside	President and Assistant Secretary of the General Partner								

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

ATTENTION

	E. ST	ATE SIGNATURE							
1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
	See Appendix, Column 5, for state response. Not applicable								
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable 								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable								
4.	The undersigned issuer represents that the issuer is familiar w Offering Exemption (ULOE) of the state in which this noti exemption has the burden of establishing that these conditions	ce is filed and understands that the issuer clain							
	e issuer has read this notification and knows the contents to dersigned duly authorized person.	be true and has duly caused this notice to be	signed on its behalf by the						
Issuer (Print or Type) Wexford Spectrum Fund, L.P.		Signature Date 3 5 09							
Na	me (Print or Type)	Title (Print or Type)							
Ar	Arthur H. Amron Vice President and Assistant Secretary of the General Partner								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

WEXFORD SPECTRUM FUND, L.P.

				KFORD SPI	ECTRUM FUI	ND, L.P.				
1	2 3 4							5 Not Applicable Disqualification under State ULO		
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type o	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL	103	110		1117031013	Atmount	MYCOLOID	rimount	1.03	110	
AK		х	х	1	\$13,595,652	0	0			
AZ		х	х	1	\$2,000,000	0	0			
AR				<u>-</u>						
CA		Х	Х	19	\$187,644,164	0	0			
СО		Х	х	1	\$850,000					
СТ		Х	х	32	\$32,053,808	0	0			
DE		Х	х	8	\$27,050,000	0	0			
DC		Х	х	7	\$7,100,424	0	0			
FL		Х	х	1	\$586,035	0	0			
GA		Х	х	2	\$3,026,655	0	0			
HI										
ID										
IL		Х	х	3	\$62,102,987	0	0			
IN										
IA										
KS										
KY										
LA										
ME		Х	Х	1	\$2,500,000	0	0			
MA		Х	Х	10	\$24,619,775	0	0			
MD		Х	Х	2	\$7,500,000	0	0			
MI		X	Х	3	\$6,750,000	0	0			
MN										
MS						_				
MO		Х	X	1	\$20,000,000	0	0			
MT										
NE										

APPENDIX

			WEX		ECTRUM FUI	ND, L.P.	· · · · · · · · · · · · · · · · · · ·		-
I	Intend to sell to non-accredited investors in State (Part B-Item 1) State (Part C-Item 1) State (Part C-Item 1) Type of security and aggregate offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)					Not Applica Not Applica Disqualificat under State UI (if yes, attac explanation waiver grante (Part E-Item			
State NC	Yes	No	Limited Partnership Interests \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ND									
NE									
NH									
NJ		х	х	5	\$16,738,712	0	0		
NM									
NV		Х	х	1	\$1,200,000	0	0		
NY		Х	х	91	\$350,775,314	0	0		
ОН		х	Х	1	\$400,000	0	0		
OK		Х	Х	8	\$6,284,331	0	0		
OR									
		1	T						

\$546,042

\$30,000,000

\$40,836,131

\$11,434

\$2,500,000

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